



HOTEL APPLICATION FORM

Last name: _____

First name: _____

Company/Institution: _____

Address: _____

City: _____ Country: _____

Fax: _____ E-mail: _____

Arrival date: _____ Departure date: _____

Number of persons: _____

Choose the hotel (*)

*Note that if there are no more rooms available in the chosen hotel, your reservation will be passed to the other hotel.

Hotel Colonna ****

Corso Roma, 83
72100 Brindisi

double room used as single: Euro 60

double room for two persons: Euro 80

Hotel Internazionale ****

Viale Regina Margherita, 22
72100 Brindisi

double room used as single: Euro 80

double room for two persons: Euro 110

CREDIT CARD DATA

A credit card number (only for guarantee) must be specified in order to confirm the reservation.

Type: _____

Holder Name: _____

Number: _____

Expiration Date: _____

Cancellation policy: until 6 p.m. the day before the arrival.

Please, specify if you have any **special needs for meals:** _____

You can send this reservation form by e-mail or by fax, not later than February 25th, 2009: